



The University of Georgia

Student Accounts

Perkins Loan Cancellation Application

Name

Last four digits of Social Security Number

I hereby apply for cancellation of a portion of my Perkins Loan for Teaching Service under the following provision of the Perkins Loan Program

- 1. Full time teacher of Math, Science, Foreign Languages, Bilingual Education or other fields designated by the Office of Education as Teacher Shortage Areas.

Subject

- 2. Full time teacher of handicapped children

- 3. Full time teacher in special education

- 4. Full time teacher in a low-income school as designated by the U.S. Department of Education

Dates of Employment

I will teach in the same position next year YES NO

Borrowers Signature

Date

To Be Verified by School Official

Complete School Name

School Phone No.

Address of School System or District

Signature of Authorized Official

Date

Title of Authorized Official

Seal or Stamp